

MODERNISING NHS COMMUNITY PHARMACY IN SCOTLAND – CONSULTATION PAPER

Response By the NHS Highland Area Pharmaceutical Committee

Section 2 - Introduction of New Community Pharmacy Contract.

Question: Are there any specific or additional powers we need to consider in order to modernise pharmaceutical care services and further improve patient care?

The NHS Highland Area Pharmaceutical Committee agree with the policy intention of taking steps to modernise pharmaceutical care services through the introduction of a new community pharmacy contract. We agree that any legislation introduced to enable this should relate to the quality of services provided, standards of clinical practice and any training and qualifications that may be required to support these services.

There was some concern among Area Pharmaceutical Committee members that some of the services identified would only be able to be provided by pharmacists with additional training or qualifications: this may lead to inequity of service provision across or between NHS Board areas.

Community pharmacist members stressed the need to protect dispensing as a key activity within the pharmacy.

Community pharmacist members suggested that while additional services should be open to local negotiation, there should be nationally agreed minimum standards and a nationally agreed tariff for these services.

Section 3 – Planning & Provision of Pharmaceutical Care Services.

Question: Do these proposals offer a comprehensive way of ensuring patients have convenient access to a range of pharmaceutical care services that takes account of their care and access needs?

Question: Are there alternative models for fulfilling the policy intention for patients?

The NHS Highland Area Pharmaceutical Committee welcomes the suggestion that NHS Board areas identify local pharmaceutical care need through the production of a pharmaceutical care services plan (PCSP) as described in the consultation document. In particular the Committee hopes that new arrangements will better serve remote and rural areas.

The Committee is concerned that the proposed introduction of "holding" PCSP contracts would significantly destabilise independent pharmacy contractors at a time when stability requires to be boosted. It is suggested that there is little or no current "over-provision" and that relying on such to make the introduction of PCSP contracts into identified areas of need cost-neutral would be unsustainable. This suggestion sits in direct conflict with the Scottish Executive response to the OFT Report, which indicated that the "current network of community pharmacies" was appropriate.

Section 4 – Pharmaceutical Lists.

Question: Are there any further actions which would serve to improve clinical governance in the community pharmacy sector and provide patients with an additional quality assurance (e.g. having the clinical component of the contract placed with the named pharmacist providing the service)?

The NHS Highland Area Pharmaceutical Committee agree that the introduction of pharmaceutical lists as outlined in the consultation document should lead to strengthened clinical governance and quality assurance, which will benefit patient care. The Committee recognised that this introduction will bring pharmacy into line with other independent contractor services to the NHS.

Some members were concerned at the potential for bureaucratic processes when arranging locum cover from out of area. It is requested that bureaucracy is minimised when considering the process.

It is suggested that all local schemes that may be introduced in all areas should have national accreditation criteria in order to ensure consistent standards from those on the Board pharmaceutical register.

Section 5 – Persons Authorised to Provide Pharmaceutical Services.

Question: Will the action proposed enable community pharmacists to devote more time to direct patient care?

The NHS Highland Area Pharmaceutical Committee considers that the change suggested is appropriate in order to bring regulations into line with the Medicines Act (1968).

The Committee has some concerns that pharmacists in remote and rural areas may not be able to use this to devote more time to direct patient care, as they may not have the necessary staff.

Section 6 – Cross Boundary & Distant Provision of Pharmaceutical Services.

Question: Do you agree that it is desirable to have powers that will encourage and allow innovative ways of providing pharmaceutical services in the future?

Question: Do the proposals offer sufficient flexibility for patient choice, convenience and safety or should they go further?

The NHS Highland Area Pharmaceutical Committee agrees that it is desirable to encourage innovative ways of providing pharmaceutical services. It is the Committee's hope that this will particularly be the case in remote and rural areas. However, there is some concern that this proposal may interfere with the proposals in Section 3 to more closely regulate local provision.

Section 7 – Funding of Pharmaceutical Services.

Question: Are there any other options for assisting Boards to financially manage the planning and delivery of pharmaceutical care service requirements as proposed at Section 3?

The NHS Highland Area Pharmaceutical Committee does not consider the proposals in section 3 will be cost-neutral. It will be difficult to assess the level of additional investment required in areas of current under-provision.

28/5/04.